



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

1110.00

Complete If Known

Application Number	10/523,450
Filing Date	January 31, 2005
First Named Inventor	Maxim Borisovich Belotserkovsky
Examiner Name	Ian N. Moore
Art Unit	2416
Attorney Docket No.	PU020353

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order

 None Other (please identify) _____

Customer Number 24498

 Deposit Account: Deposit Account Number 07-0832

Deposit Account Name: THOMSON LICENSING LLC.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below

 Charge fee(s) indicated below, except for the filing fee

 Charge any additional fee(s) or underpayments of

 Credit any overpayments

 fee(s) under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Fee (\$)

Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims

Extra Claims	Fee (\$)	Fee Paid (\$)
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Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP =	x	=
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HP = highest number of total claims paid for, if greater than 20.

Independent Claims

Extra Claims	Fee (\$)	Fee Paid (\$)
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Small Entity

Fee (\$)

Fee (\$)

- 3 or HP =	x	=
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HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 =	/ 50 =	(round up to a whole number) x	_____ =

4. OTHER FEE(S)

Extension for response within third month

Fees Paid (\$)

1110.00

SUBMITTED BY

Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	(818) 260-4599
Signature					

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (or by the USPTO to process) an application. Confidentiality is guaranteed under 35 U.S.C. 122. The use of this form is mandatory. It may not be used for filing a trademark application or for filing a petition to the Trademark Trial and Appeal Board. The time for filing a trademark application or petition is not extended by the time for filing this form. The time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-8199 and select option 2.

Effective on 12/08/2004.

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**OPA
FEE TRANSMITTAL
for FY 2005**

2010

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1110.00)

Complete if Known

Application Number	10/23,450
Filing Date	January 31, 2005
First Named Inventor	Maxim Bonovich Belotskerovsky
Examiner Name	Ian N. Moore
Art Unit	2416
Attorney Docket No.	PIU20353

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify) _____

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 fee(s) under 37 CFR 1.16 and 1.17

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FEES CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

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	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)
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Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$) **Fee (\$)**

50

25

Each independent claim over 3 (including Reissues)

200

100

Multiple dependent claims

360

180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Independent Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	= _____

4. OTHER FEE(S)

Extension for response within third month

Fees Paid (\$)

1110.00

SUBMITTED BY

Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	(816) 250-4599
Signature				Date	1/25/10

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is guaranteed under 35 U.S.C. 122. The information will not be distributed outside the USPTO, except by those specifically authorized by law to receive it. The information will be used for processing the application and for examination purposes only. Any comments on the amount of time you require to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.